



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle)

- ☒ Construction
☐ Decommission *ORIGINAL INSTALLATION*

Notice of Intent Number

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other

TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New well ☐ Reconditioned Method: ☐ Dug ☐ Bored ☐ Driven
☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well _____ inches, drilled _____ ft.
 Depth of completed well _____ ft.

CONSTRUCTION DETAILS
 Casing ☒ Welded 6" Diam. from +2 ft. to 285 ft.
 Installed: ☐ Liner installed _____ " Diam. from _____ ft. to _____ ft.
☐ Threaded _____ " Diam. From _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No
 Type of perforator used _____
 SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 282
 Manufacturer's Name Alloy Manufacturing Co.
 Type Stainless steel Model No. _____
 Diam. 5" Slot size .018" from 285 ft. to 290 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No Size of gravel/sand _____
 Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.
 Material used in seal Bentonite chips.
 Did any strata contain unusable water? ☐ Yes ☒ No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

PUMP: Manufacturer's Name _____
 Type: _____ H.P.

WATER LEVELS: Land-surface elevation above mean sea level 265 ft.
 Static level 254 ft. below top of well Date June 16, 09
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? ☐ Yes ☐ No If yes, by whom? _____
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

 Date of test _____
 Bailer Test 12 gal./min. with 1 ft. drawdown after 2 hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? ☒ Yes ☐ No

CURRENT

Notice of Intent No. W 209376

Unique Ecology Well ID Tag No. BBF 153

Water Right Permit No. _____

Property Owner Name Todd & Lori Soli

Well Street Address Brainers Road

City Langley County Island

Location NW 1/4-1/4 SE 1/4 Sec 24 Twn 30 R 2 EWM ☐ Check
 (s, t, r Still REQUIRED) or WWM ☐ One

Lat/Long Lat Deg _____ Lat Min/Sec _____
 Long Deg _____ Long Min/Sec _____

Tax Parcel No. (Required) R 23024-195-3480

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Sandy clay: brown.	0	10
Gravelly clay: brown.	10	45
Sandy clay: brown.	45	77
Silty clay: gray.	71	87
Sand: brown, dry.	87	90
Sand & small gravel: brown.	90	112
Sand: brown, coarse, dirty.	112	120
Sand & small gravel: brown.	120	134
Sand: brown, coarse, dirty.	134	150
Sand and small gravel: brown.	150	172
Sand: brown, dirty.	172	212
Sand: green/brown, silty, dry.	212	230
Sand: brown, silty, dry.	230	268
Sand: brown, water, wood chips.	268	270
Sand: brown, clean, water	270	289
Sand: brown, gray clay chips.	289	290

This well meets I.C.C. 8:09 set back requirements and was reviewed by Island County Health Dept.

Note: First pumping should be restricted to 15 GPM for at least 30 minutes, then increased to 25 GPM for the next 30 minutes. After one hour the rate can be increased to 30+ GPM. Also, keep pump above the screen assembly at 282'.

Start Date May 27, 09 Completed Date June 12, 09

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) Jack W. Richardson

Driller/Engineer/Trainee Signature _____

Driller or trainee License No. 0852

IF TRAINEE: Driller's License No. _____

Driller's Signature: _____

Drilling Company Cable Tool Well Drilling Company

Address 11723 194th Ave NE

City, State, Zip Redmond, Wa., 98053

Contractor's

Registration No. CABLETW 13203

Date June 16, 09